



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson Todd M. Hammond		Office Sought (if candidate) Legislator	District (if any) 35
Mailing Address 985 Hillview Dr	<input type="checkbox"/> Check if address change.	City and Zip Rexburg 83440	Home Phone 208 358 3517
Name of Political Treasurer Noelle Hammond			
Mailing Address (same above)	<input type="checkbox"/> Check if address change.	City and Zip Rexburg	Home Phone 208 358 3517
		Work Phone 496 1437	

Section II**TYPE OF REPORT**

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from ____/____/____ through ____/____/____

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report | |

Is this Report an amendment? ☐ Yes ☐ No

Is this a Termination Report? ☒ Yes ☐ No

Section III**STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES**

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

- ☐ I hereby certify that I have received no contributions and have made no expenditures during this reporting period from ____/____/____ through ____/____/____.

Section IV**SUMMARY**

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

COLUMN I
This Period
COLUMN II
Calendar Year to Date

Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ 326.28
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 326.28	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ (326.28)	\$ (326.28)
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 0.0	\$ 0.0
Line 5: Total Expenditures (Enter amount from page 2)	\$ 0.0	\$ 0.0
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 0.0	\$ 0.0

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V**CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES**

Contributions Pledged during this reporting period but not yet received: ☐ None ☐ \$ _____ (see attached Schedule C-2A)

Incurred Expenditures during this reporting period but not yet paid: ☐ None ☐ \$ _____ (see attached Schedule C-2B)

Section VI**CERTIFICATION**

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

I Noelle Hammond, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Noelle Hammond
Signature of Political Treasurer

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee Todd M. Hammond

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
12/30/03	1. Todd M. Hammond 985 Hillview Dr. Rexburg, ID 83440	\$ _____	\$ _____	\$ (326.28)
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	2.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	3.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	4.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	5.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
____/____/____	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ _____	\$ _____	\$ _____
Total This Page (add columns A, B & C)				\$ (326.28)